

June 28,2002

Comments regarding the Notice of Proposed Rulemaking regarding the Universal Service Support mechanism for Rural Healthcare: WC Pocket No. 02-60

Comments by:

Wanda Kjar Weekley, Program Manager, Mid-Nebraska Telemedicine Network, Good Samaritan Health Systems, Kearney Nebraska. (Experience: 6 years Telehealth)  
Lesley Bollwitt, Program Manager for Grants & Special Projects, Good Samaritan Health Systems, Kearney Nebraska. (experience: 2 years in Telehealth)

The Mid-Nebraska Telemedicine Network began in 1995 and has ten Nebraska sites and two in Kansas. Thirty-eight different specialties have used the network & over 6,500 patient encounters have been provided. Telehome care visits started in 2001.

1. Expansion of the qualified Health Care Providers: There are many non-profit healthcare facilities in Nebraska that would benefit from funding support from USAC. Many of the communities have nursing homes and no hospital or clinic facilities. With USAC support it would be possible to connect them to a Telehealth network for timely access to quality medical services. In the twelve communities that the Nebraska Telemedicine Network serves, patients have been taken from the local nursing facility to the hospital for follow-up care. It is a tremendous saving for the patients, families and nursing homes to be able to utilize Telehealth services. Imagine, how many patients could be using Telehealth services in the communities that lack clinics or hospitals if nursing homes qualified for USAC funding.

The Mid-Nebraska Telemedicine Network has received USAC funding since 1998. The enormity of the expenses for the telecommunication lines would have made this project impossible to be sustainable without the USAC funding. Obviously, other non-profit healthcare organizations can NOT consider doing interactive video conferencing for patient care without qualifying for USAC funds.

The Funds are available to expand the eligible providers to include non-profit nursing homes, extended care facilities, clinics & even for-profit healthcare facilities in the very rural communities. We recommend that this be considered.

2. Application Process: The application process by design causes some facilities to give up the endeavor without finishing the process. Thankfully, our telecommunications provider has supplied competent staff to assist us in the initial process & with on-going assistance. Obviously, many organizations have problems with the application process & the yearly re-application process, therefore, this needs to be addressed.

3. Maximum Allowable Distance: We recommend that the Maximum Allowable Distance calculation should be eliminated. It has not harmed the Nebraska Network but it has been a negative factor in other States.

4. State-Wide Connectivity: Dave Heineman, Lieutenant Governor, leads the bioterrorism task force in Nebraska. He plans to work

closely with the existing Telehealth networks & distance learning networks to provide a quick response to alert all Nebraskans in possible threatening situations. The existing networks need to be able to interface at reasonable costs & future networks need to be established to ensure all rural citizens have access to the emergency networks being developed.

Thank you,  
Wanda Kjar Weekley  
& Lesley Bollwitt